

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007472

STATE FILE NUMBER

AMENDED

Registration District No.

278

Primary Registration District No.

3054

Registrar's No.

29

FILED FEB 21 1962

1. PLACE OF DEATH
a. COUNTY

PIKE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

MO

b. COUNTY

PIKE

b. CITY (If outside corporate limits, give TOWNSHIP only)

LOUISIANA

Length of stay in 1b

3 days

c. CITY

OF TOWN

CLARKSVILLE

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

PIKE Co HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

GEN DEL

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

FREDERICK BERGMANN

4. DATE OF DEATH

Month

Day

Year

FEB

6

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11-28-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

IT CASE Co

11. BIRTHPLACE (City and state or country)

MADISON Co ILL

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

- EBERT

14. NAME OF HUSBAND OR WIFE

ELISABETH BERGMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

ELISABETH BERGMANN

Address

CLARKSVILLE

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 d.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

coronary arteriosclerosis

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-3-62 to death and last saw her alive on 2-5-62

Death occurred at 12:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Edward H. Jackson MD.

22b. ADDRESS

Clarksville, Mo.

22c. DATE SIGNED

2-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL FEB 8 1962

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

ASHLEY CEM

23d. LOCATION (City, town, or county)

ASHLEY

(State)

MO

24. FUNERAL DIRECTOR

GEOM COLLIER LOUISIANA MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

Feb 14-62

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 8839

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.